## CITY OF SAINT PAUL DIVISION OF PARKS AND RECREATION MUNICIPAL ATHLETICS 1500 N. RICE STREET SAINT PAUL, MN 55117

TEAM NAME				LEAGUE NAME				NIGHT OF PLAY	
SPORT	Adult Softball ADULT:		_ADULT:	MEN WOMEN		CO-REC_		FIELD SITE:	
ROST Ros	TER REQUIRE ters can be e-n	EMENT: Ros nailed to: muni * All players m * Add	ter must be come construction of the come construction of subtases and the construction of the constructio	completed in.us, fax so show a ractions in the rections in the rection in the rect	d, signed, and subm k: 651-558-2237, or to a Minnesota Driver's may be made until 24 eceived in writing pri	itted by team MANAG US postal/in person to: License I.D., bordering S hours prior to the start of for to the halfway point of	ERS to the Municipal State I.D., of the second of the season	he Municipal Athlet al Athletics, 1500 R , Military picture I.D and half of the league on to Municipal Ath	tics Office prior to first scheduled game. ice St. St. Paul MN, 55117 ., or Company picture I.D. e schedule.
MANAGER'S NAME									
***MANAG	GER'S E-MAIL	ADDRESS							
		OW ARE MEM  Electronically				GIBLE PARTICIPAN e all information)		anager's Signature_	
PLAYER'S	S NAME	HOME ADDR	ESS, CITY &	ZIP	DAY PHONE	WORK ADDRESS		WORK PHONE	E-MAIL ADDRESS

PLAYER'S NAME	HOME ADDRESS, CITY & ZIP	HOME PHONE	WORK ADDRESS	WORK PHONE	E-MAIL ADDRESS